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5-3460
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Practitioner's Docket No. KLR: 7146.017

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Gillihan, Thomas

Group Art Unit: 2722

Serial No.: 09/128,580

Examiner: Popovici, D.

Filed : 08/04/98

Title : PRINTER CONTROLLER FOR ERROR RECOVERY WITH MULTIPLE LANGUAGE CAPABILITY

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May 16, 2000

Assistant Commissioner for Patents
Washington, DC 20231

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for the above captioned application.

STATUS

2. Applicant is:

- a small entity. A statement:
 - is attached
 - was already filed.
 - other than a small entity.

EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

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(a) Applicant petitions for an extension of time under 37 C.F.R. § 1.136(a)
(fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:)

Extension <u>(months)</u>	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$110.00	\$ 55.00
<input type="checkbox"/> two months	\$380.00	\$ 190.00
<input checked="" type="checkbox"/> three months	\$870.00	\$ 435.00
<input type="checkbox"/> four months	\$1,360.00	\$ 680.00

FEE: \$870.00

If an additional extension of time is required, please consider this a petition therefor.

An extension for __ months has already been secured and the fee paid therefor of \$__
is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$0.00

or

(b) Applicant believes that no extension of term is required. However, this conditional
petition is being made to provide for the possibility that applicant has inadvertently
overlooked the need for a petition and fee for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. §1.16(b) -(d) has been calculated as shown below:

			Rate			
Claims remaining after amendment	Highest No. previously paid for	Present extra	Small entity	Other than a small entity	Additional Fee	
Total	minus 20 * =	0	\$9	\$18	\$0	
Indep	minus 3 ** =	0	\$39	\$78	\$0	
<input type="checkbox"/>	First Presentation of Multiple Dep. Claim		\$130	\$280	\$0	

*If the highest number of claims previously paid for is less than 20; enter 20.

**If the highest number of independent claims previously paid for is less than 3; enter 3.

(c) Total additional fee for claims required. \$0.00

(d) No additional fee for claims required.

FEE PAYMENT

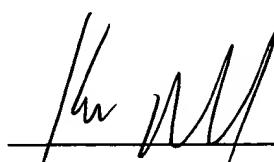
5. Attached is a check in the sum of \$870.00

Charge Account No. _____ the sum of \$0.00

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 03-1550

Tel. No. 503.227.5631



Kevin L. Russell

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